

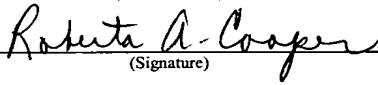
031104
16189 U.S. PTO

Atty. Dkt. No. 089339-0390

22858 U.S. PTO
10/798685
031104

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lament, et al.
Title: DOUBLE THROW SWITCH
LINKAGE
Appl. No.: To be determined
Filing Date: 03/11/2004
Examiner: To be determined
Art Unit: To be determined

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450:	
EV 431597902 US (Express Mail Label Number)	03/11/04 (Date of Deposit)
Roberta A. Cooper (Printed Name)	
 (Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Tod Taylor Lament
916 State Route 508
West Liberty, Ohio 43357

Dan Alan Fisher
2432 Nottingham Road
Columbus, Ohio 43221

Enclosed are:

- [X] Specification, Claim(s), and Abstract (12 pages).
- [X] Informal drawings (2 sheets, Figures 1 and 2).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to Siemens Energy & Automation, Inc. (3 pages).

- ☒ Assignment Recordation Cover Sheet.
- ☒ Check number 13788 in the amount of \$40.00 for Assignment recordation.
- ☒ Information Disclosure Statement (2 pages).
- ☒ Form PTO-1449 (1 page) with 10 listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76) (3 pages).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	14	- 20	= 0	x \$18.00 =	\$0.00
Claims:					
Independents	3	- 3	= 0	x \$86.00 =	\$0.00
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
				SUBTOTAL: =	\$770.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):				=	\$0.00
				TOTAL FILING FEE: =	\$770.00


- ☒ Check number 13787 in the amount of \$770.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 03-11-04

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By 

James A. Wilke
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